Revision:	HCFA-PM-91- AUGUST 1991	- 4 (BPD)		OMB No.: 0938-	
	State:	West Vi	rginia		
Citation 42 CFR 435.10	2.2 <u>Cc</u>	overage and Cond	tions of Eligibili	ty	
	Medicaid is available to the groups specified in ATTACHMENT 2.2-A.				
		Mandatory cat special group	egorically needy as	nd other requir	red
			egorically needy, on the medically needy, ps.	other required , but no other	special
	_7		egorically needy, o	other required groups.	special
	Ĺ Ĭ		egorically needy, of fied optional group	other required os, and the med	special ically
		The conditions o specified in <u>ATT</u>	f eligibility that ACHMENT 2.6-A.	must be met ar	e
		and sections 190 1902(a)(10)(A)(i	equirements of 42 (2(a)(10)(A)(1)(IV), i)(XI), 1902(a)(10)(s), 1920, and 192	(V), and (VI)	nd (m),

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